			Application or Docket Number										
-\$4	PATENT A	RD	'		09/	7	506	53					
		_	SMALL TYPE	. E!	NTITY	OR	·	R THAN ENTITY					
TC	OTAL CLAIMS					umn 2)		RATE	Ē	FEE	1	RATE	FEE
FO	A		NUMBER	FILED	NUME	BER EXTRA		BASIC F	_		OR	BASIC FEE	
TO	OTAL CHARGEA	BLE CLAIMS	20 min	nus 20=	•			X\$ 9=	=		OR	V040	
	DEPENDENT CL			inus 3 =	•			X40=			OR	Y00	
MU	LTIPLE DEPEN	NDENT CLAIM PR	RESENT					+135=	-				
: If	the difference	in column 1 is l	less than ze	ero, ente	r "0" in (column 2	1	TOTAL			OR		
	CI	LAIMS AS A				7.0	•	IU in	Ļ 1		JOR		THAN
:	Harris San C	(Column 1)		- (Colun	mn 2)	(Column 3)	Ĺ,	SMAL	LI	ENTITY	OR	* '	ENTITY
IENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	.20	Minus	-50		=2		-X\$9=	7		OR	X\$18=	
AME	Independent	. 3	Minus	··· C	5.		H	X40=	\Rightarrow		OR	Vec	· · · · · ·
	FIRST PRESE	NTATION OF ML	ULTIPLE DEF	PENDENT	CLAIM		1		1		1		
•		* . •			.:			¥435 <u>=</u>			OB	+270= TOTAL	
		Continue 41		Calu	0)	21		ADDIT. FE			OR	ADDIT. FEE	
		(Column 1) CLAIMS		(Colur HIGH	HEST	(Column 3)	1		7	ADDI-	1 /	r	ADDI
AMENDMENT B		AFTER AMENDMENT		PREVIO PAID	OUSLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	1-17	Minus	/	W	=		X\$ 9=			OR	X\$18=	
AME	Independent	·	Minus	DENIDENE	3	-	1	X40=	1		OR	X80=	
اسا	FIRST PRESE	NTATION OF ML	JLTIPLE DEF	,ENCEM	CLAIN	الملجانت		+135=	-		OR	+270=	
							1	TOTA ADDIT. FE			OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)				: 			•
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER OUSLY	PRESENT		RATE	1	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. 19	Minus		20	= /	1	X\$ 9=	T		OR	X\$18=	7
AME	Independent	• 3	Minus	-	3	=/-	11	X40=	╬		OR	X80=	
Ù	FIRST PRESE	NTATION OF ML	JLTIPLE DEF	PENDENT	CLAIM		1		+				
	* If the entry in column 1 is less than the entry in column 2, write *0" in column 3.							+135=			OR	+270= TOTAL	
	If the "Highest Nun "If the "Highest Nun	mber Priviously Pa Imber Pravi justy Pa	Paid F r IN THIS Paid For IN THIS	IS SPACE IS	is less that is less that	an 20, enter "20." an 3, enter "3."	^	ADDIT. FE	ΈL			ADDIT. FEE	
""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid F r" (Total or Independent) is the highest number found in the appropriate box in column 1.											in col	umn 1.	_

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number 09/750653

		CLAIMS A	12 FILED	- PART		• • •		SMALL	ENTITY	• • •	OTHE	R THAN
	50741 01 411		(Column 1) (Column 2)					TYPE				ENTITY
- -	TOTAL CLAIM	S 						RATE	FEE		RATE	FEE
	OR		NUMBER	R FILED	NUM	BER EXTRA	1	BASIC FE	E 370.00	OF	BASIC FEI	740.00
T	OTAL CHARGE	m	inus 20=	*			X\$ 9=		OF	X\$18=		
IN	DEPENDENT (minus 3 = *					X42=			X84=		
M	IULTIPLE DEPE	NDENT CLAIM F	RESENT					+140=		OR		
	f the difference in column 1 is less than zero, enter "0" in column 2									OR		
		CLAIMS AS AMENDED - PART II						TOTAL				
(X .	(Column 1)	(Column 2) (Column 3)					SMALL ENTITY			OTHER THAI SMALL ENTIT	
DMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER OUSLY	PRESENT EXTRA	7	RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONA FEE
NON	Total	* 19	Minus	** 20	2	=		X\$ 9=		OR	X\$18=	,
AMEN	Independent	ENTATION OF M	Minus	***	3	= /		X42=	/	OR	X84=	
	11110111120	LINTATION OF M	ULTIPLE DE	PENDENT	CLAIM		٦	+140=		OR	+280=/	
		•	•					TOTAL ADDIT, FEE		OB	TØTAL	
7		(Column 1)							L	• •	ADDIT FEE	
AMENDMENTB		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	. 19	Minus	** 2	0	=	<i> </i>	X\$ 9=		OR	X\$18=	1
AME	Independent	* 3	Minus	***	<u> </u>	= /		X42=			X84=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM	一				OR	7047	
						• .		+140=		OR	+280=	· ·
		• •	· · · · · · · · · · · · · · · · · · ·				•	TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS	100	(Colum		(Column 3))		•		•	
MENT C	- + 98.44	REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE.	ADDI- TIONAL
NDM	Total	*	Miņus	** .		=	1	X\$-9==			· · ·	FEE
AMEN	Independent	*************************************	Minus	***		=	1 }		r smorrom de de e de de	OR	X\$18=	
V	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM			X42 <u>=</u>		OR-	_X84=	Consideration of Salaring and Salaring
* 1	f the entry in colur	nn 1 is less than th	Apple in Selection	Ma A company				+140=	Continues by contract to the same	OR	+280=	Antinoper or to the state of th
**************************************	if the "Highest Nur If the "Highest Nur	nn 1 is less than the nber Previously Pa nber Previously Pa	d For" IN THIS	SPACE is I	ess than less than	20, enter "20 3, enter "3."	·>	TOTAL DDIT-FEE	The State of the S		DDIT FEE	The second of th
	rite mignest Num	ber-Previously-Paid	Total or	Independen	t) is the	highest number	er four	nd in the appr	opriate box	in colu	mn1.	
FORM PTO-875 (Rev. 8/01) Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE												